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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Umbilical Hernia.
By JOHN WOOD, F.R.S., Surgeon to King's College Hospital.

GENTLEMEN: During the last few months we have had a good many cases of umbilical rupture, both in the infant and adult. The frequency of this complaint, and the importance of dealing with it properly and at an early stage, will speedily be recognized by each of you when charged with the responsibilities of practice. And this consideration has led me to choose this for the subject of my remarks to-day. Now, there are two varieties of hernia which usually come under the denomination of umbilical. The most common, and the most curable fortunately, is seen in very young infants and children. The

other occurs in adults, most of whom have been subjected to distension of the abdominal cavity from corpulence or pregnancy, or both combined.

The *infantile* form is invariably more or less *congenital* in its formation, although it may not show itself to a noticeable extent until after the lapse of some months or even years after birth. Even in these latter instances a careful examination of the cicatrix which is left by the drying up and dropping of the navel-string would reveal an imperfect closure of the fetal opening, and perhaps a small protrusion at times when the infant cries. In order to understand its formation it is necessary for you to review the developmental changes which result in the formation of the placenta and umbilical cord and their differentiation from the fetal portion of the ovum. At the beginning of the second

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month after conception the structure which ultimately becomes the umbilical cord is formed by the approximation and final connection of the two vesicular processes, originally quite distinct—viz., the *umbilical vesicle* and the *allantois sac*. The former contains the yolk or early nutriment of the fetus, and is connected by a canal—the *omphalo-enteric duct*—with the intestinal tube at the place where afterwards the ileo-colic valvular apparatus is found. The straighter part of the intestine below the point of connection becomes afterwards the colon, with its vermiform appendix. The part nearer to the stomach becomes developed into the coils of the small intestine. These latter during the second month protrude into the substance of the cord for a considerable distance beyond the point where its highly elastic and gelatinous-looking substance becomes continuous with the abdominal wall of the fetus. On the stomach side, or above these coils, the *omphalo-mesenteric vessels* pass from the umbilical vesicle to join the proper mesenteric vessels of the fetus. Below them are the placental arteries accompanying that part of the allantoic duct which forms the urachus: above these, and passing at this early stage almost directly backwards, is the umbilical vein on its way to the liver.

As development progresses, the coil of small intestines which is found at first in the interior of the umbilical cord becomes gradually withdrawn into the enlarging abdominal cavity, and the supplemental pouch of quasi-peritoneum formed within the hyaline substance of the cord becomes aborted, and finally obliterated. From this time the umbilical opening is occupied by the enlarging umbilical arteries and vein with the gradually dwindling urachus.

Thus the navel must be considered as a sort of double cicatrix, the upper portion of which is formed by the vessels of the umbilical vesicle, and the lower division, which becomes later on the chief constituent of the navel, is occupied by the placental vessels and urachus. Between these lies the pouch formed in the substance of the cord for the primary development of the folds of the small intestine.

This arrangement you will find well demonstrated in a specimen of an ovum in the collection of Dr. Sharpey (published in Miller's *Physiology*, Baly's translation, 1848, second edition, vol. ii., pl. iii. and iv.). If, however, the complete development of the infant is from any cause retarded or rendered irregular, this pouch of the navel-string may be to some extent persistent at the time of birth, just as the canal of Nuck may be in the groin.

In examining the bodies of prematurely still-born infants, I have found this pouch extending into the navel-string to the extent of half an inch. By the first strug-gles of the child, or by the pressure made upon its abdomen in parturition, the bowel may at once appear as a protrusion within the cord, constituting the so-called *hernia of the umbilical cord*. In such cases that portion of the cord which covers the hernial sac does not shrivel like the rest, but assumes, in discharge of its continued functions, more or less of the appearance of the surrounding skin. In cases where the pouch remains, but no actual rupture is present, the portion of navel-string which invests it becomes enfolded in the cicatrix, which is wrinkled and inverted by the contraction of the umbilical vein and arteries, so as to form a larger, more puckered, and deeper depression than normal. This may afterwards become protruded and distended under the pressure of the abdominal viscera, and form that kind of umbilical hernia which appears directly or soon after birth. In all these cases the membrane which is technically called the peritoneal sac at this point is exceedingly attenuated, and in some instances hardly demonstrable. It is an imperfect formation, and for practical purposes may be esteemed non-existent. It is so adherent at the edges of the opening to the aponeurotic structures that it allows of no dragging or displacement of the surrounding portion of serous membrane, and the tension to which it is speedily subjected spreads it out into a very open mesh of tissues, having but slight resisting power in itself. I have seen several cases in which the tube of the urachus also remained pervious after birth, and exuded urine (sometimes in considerable quan-

tities) in the exertion of crying or micturition.

Practical accoucheurs usually warn the student against tying the navel-string too close to the body of the child, for fear of including in its grasp a loop of intestine which might be present in a hernia of the umbilical cord. But it seems to me that the opposite habit of extreme caution in this respect leads to the application of the string at such a distance from the body that a portion of the root of the cord containing a tubular pouch may still remain, and leave a weakness at the part predisposing to a future protrusion. Thus it is not closed, as it might easily be at this time by placing the ligature closer up to the abdominal wall. Of course care should be taken in doing this that any intestinal contents should be pressed out of the cord; and this is best done by pressure with the fingers, and then giving the cord a gentle twist on its own axis before applying the string.

The formation of so-called umbilical hernia later in life in adults who have a tendency to corpulence usually differs considerably in its pathology from that of the infant. A close examination will usually show that the opening into the abdominal cavity is placed in the linea alba, above, below, or to one side of the real navel. As the tumour increases in size, and the skin is distended over it, the navel becomes drawn over it so as to appear to form its point of departure. In the larger cases the bulk of the tumour is found to be below this point, and the part where the edge of the hernial opening presses most acutely and forcibly upon the contents, and most commonly strangles them, is at the lower border. The weight of the protrusion itself increases this effect, and tends to bring the tumour lower on the abdomen as it increases in size.

The linea alba is perforated more or less regularly by branches of deep and superior epigastric vessels and twigs of nerve forming the terminal distribution of the intercostals. As the individual grows fatter, the adipose tissue is apt to form in masses extending along these vessels from the subperitoneal fat. The tendinous aper-

tures lodging them are also under these circumstances frayed out by over-distension, and gradually become enlarged. If at this time, by illness or sudden alteration of habits, as after parturition in females, the fat is absorbed or the tension relaxed, a protrusion of omentum behind the peritoneum pushes forwards that attenuated membrane, and forms the sac of an incipient rupture, which may speedily increase under the effects of a bronchitic cough or the straining of constipation or of defecation. As a rule, while the umbilical rupture of children hardly ever contains omentum (which is at this age very scanty and imperfectly formed), but usually includes small intestine only, the rupture of adults almost always contains omentum, sometimes much thickened and hypertrophied, and may contain a portion of colon instead of, or in addition to, small intestine. In very large cases even a portion of the pylorus and duodenum may be involved, giving rise to distressing irritation of the stomach. I have seen many hernial protrusions, both in the child and in the adult, in the linea alba above the umbilicus, somewhat about midway between it and the xiphoid cartilage. At first, these are always formed of lobules of subperitoneal fat, sometimes constituting quite a fatty tumour, which has a distinct impulse on coughing, and can be pressed inwards to a certain extent, but never completely reduced. In after years these may certainly become developed into renal herniae, with a peritoneal sac containing bowel. Usually, with a little care in treatment, this may be prevented, since the opening is placed above the reach, as it were, of the small intestine, and is protected by the apposition of the liver and its round ligament.

The *diagnosis* of the umbilical herniae of children is seldom difficult. Carcinomatous or other growths from the site of the navel-string may occasionally appear in early infancy, and receive a doubtful impulse in coughing. Their consistency, unyielding bulk, unvarying nature, and steady growth, will usually suffice to distinguish them. Chronic peritoneal abscesses may cause more difficulty. These make their way to the umbilicus, guided

by the superior ligament of the bladder or round ligament of the liver, and in their earlier stages closely resemble umbilical rupture. They yield to pressure, and may be entirely pressed back into the abdominal cavity, and give a distinct cough-impulse. The previous history of abdominal inflammation or enlarged glands, the constitutional hectic, and afterwards a fluctuation felt in the tumour, will sufficiently distinguish them even before their final discharge of pus. An imperfectly closed urachus may also simulate umbilical rupture. Cases have been known in which small urinary calculi have been thus voided.

The herniae of adults are most likely to be mistaken for subcutaneous fatty tumours; and, indeed, many of these supposed ruptures consist really of a fatty growth from the subperitoneal tissues protruding through the apertures before described. Though sometimes yielding a sort of impulse, and so simulating a real oméntal hernia, they are usually found destitute of a true cough impulse, by reason of adhesions at the tendinous opening and other consolidating changes. *Hydadid cysts* may also be found in this situation.

The treatment of umbilical rupture in the child is fortunately very powerfully aided by the persistent tendency to a more perfect development which prevails after as before birth. If observed early and treated skilfully, these protrusions may usually be cured by the second or third year, and frequently in much less time. The protrusions of fatty lobules from the subperitoneal fat, however, are much more slow to disappear both in the child and adult. In these the chief care should be directed to prevent a rupture from succeeding them if the fat becomes absorbed, which may result from the intervention of some acute disease or anything causing the general removal of adipose tissue. Continued pressure will also accomplish this result, if carefully applied and maintained. In some cases I have removed these growths with the knife with success, and without the occurrence of peritoneal mischief. It should be borne in mind, in dealing with any kind of tumour about the

linea alba, that it may be deeply and closely connected with the peritoneum, and may arise from pathological changes occurring in these fatty peritoneal out-growths.

The readiest way of applying pressure to the umbilical ruptures of children is by means of a common strapping placed over a flat piece of lead or pewter, or, what is usually more at hand, a penny piece. This should be first inclosed in folds of strapping applied with the sticking side outermost, so as to adhere to the skin over the tumour. Over this broad strips of soap or adhesive plaster should be placed across the entire abdominal surface, and surmounted by a belt or bandage. This, though a valuable temporary expedient, can with difficulty be long maintained, on account of the constant trouble of changing, the liability to soreness and irritation of the skin, and a certain degree of skill which is demanded for its proper application. Very cheap and efficient appliances are now made by the surgical apparatus manufacturer, consisting of a broad belt of India-rubber, on the under surface of which is placed a pad for application to the protrusion. Some of these, however, I must warn you, are based on false principles, and, if they do anything at all, are apt to do injury instead of good. The difficulty experienced by the maker is to make the pad keep its place, and in order to effect this a convex or conical protuberance is placed within the hernial aperture like a cork in a bottle. Now, if this is effective in maintaining its position, its action necessarily is to accomplish a dilatation of the yielding borders of the ring, and thus to perpetuate and increase the rupture. If inefficient, it slips out of the aperture, and affords no resistance to the escape of the bowel; the only result being a dangerously false security.

Some years ago I devised a pad, consisting of an India-rubber ring adapted to the size and shape of the edges of the opening, which should press only on the edges, with the same tendency to close them as by pressure with the fingers in reducing the protrusion. The central aperture is covered over by a tense drum-like layer of India-rubber, which affords

resistance to protrusion indeed, but produces no invaginating pressure. A figure of this umbilical pad is given in my work *On Rupture* and also in the last edition of *Druitt's Vade-Mecum*. Latterly, Messrs. Matthews have modified this pad by an ingenious arrangement of air-pressure in the apparatus I show you. The ring pad itself is made into an India-rubber air-cushion, with a small aperture of communication into a globular air-chamber made of a thinner substance of the same material, and placed within the opening of the ring. Under ordinary pressure the projecting outline of the ring presses only upon the edges of the hernial opening, but under sudden succussion—as by a cough or laugh—some of the air is forced into the central globular cushion, and protrudes it, so as to meet the advancing rupture, and force it back by an elastic rebound resulting from the same impulse which tends to force out the rupture. For certain cases this is decidedly an improvement. All this is aided by the elastic reaction, also, of the India-rubber belt which maintains the pad in its place. This should be broad enough to keep well in position, and may advantageously be fastened by loops to the dress of the child to prevent its shifting round, as it is apt to do in its fidgety movements. A free use of violet powder or starch will aid in preventing chafing.

In cases of fatty peritoneal growths a perfectly hard and flat pressure, as by a plate of metal or ivory, is the most likely to do good and cause the absorption of the tumour.

In umbilical rupture in the corpulent adult less hope can be entertained of a cure, but much comfort can be insured by a proper belt. This should be broad enough to cover the abdomen almost entirely, with elastic material at the sides, a lace up the back, and kept from rucking up by whalebone ribs. Additional power may be obtained by a strap over the lower part of the protrusion, buckling at the side, and adapted to counteract the tendency to increase downwards and forwards in these cases. If the hernia be entirely reducible with comfort to the patient, an umbilical pad like those just described

will be sufficient. But in many instances either a portion of the omentum or bowel remains permanently irreducible, or, if reduced, makes the patient feel so uneasy that it is impossible to maintain it in this situation. In such cases a concave or hollow pad is indispensable. It should have a raised, rounded rim or border of some soft and elastic material, as India-rubber, and should be based on and supported by a shield of thin copper or other metal of the same shape to protect the protruding mass from accidental blows or injury from the clothing. In large cases, in corpulent people with pendulous bellies, the whole belt should be maintained in place by shoulder-straps, or even a perineal band or thigh-slop may be required.

The limits of this lecture, gentlemen, will not allow me to revert to operations which are sometimes required for the relief of umbilical ruptures, which I must accordingly reserve for some future opportunity.—*Med. Times and Gaz.*, Nov. 29, 1873.

HOSPITAL NOTES AND GLEANINGS.

Operation for Removal of the Female Breast by means of India-rubber Ligatures.—At University College Hospital, on Nov. 21, Sir HENRY THOMPSON performed an operation upon the female breast, which, so far as we are aware, is perfectly new to surgical practice in England. Previous to the entrance of the patient to the theatre, Sir Henry stated that the plan he was about to adopt had been brought recently under his notice during a visit to Vienna by Professor Dittel. An accident, as it were, suggested the treatment to Prof. Dittel, who now for some time has employed it in over 200 cases, such as of tumours of the breast, in removing the testes and even limbs, and in the cure of fistula in ano. Having been called upon to see a young girl dying from meningitis, the following account of the case was given him: The patient, who had been constantly reproved by her stepmother on account of the untidy state of her hair, was advised, some weeks before her death, to get a tightly-fitting net for her head, and to wear it night and day. This she did till the last, when it was found that

the elastic band of the net had cut its way through the scalp and cranium, and was resting on the meninges of the brain, fatal inflammation of which it had set up.

The immense power for effecting the solution not only of the soft tissues of the body, but even of bone, having, by the constantly contracting pressure of an elastic band, been thus so remarkably proved, Professor Dittel resolved to attempt in certain cases to substitute this power for the knife in surgical operations.

The application of the treatment to the mammary gland by Sir Henry Thompson we will now describe: The patient, a woman of about fifty-three years of age, had for ten years been conscious of a tumour in the right mamma. When first noticed it was seated near the nipple, below and to its outer side, and was of the size of a walnut. As it was discovered about the time of her confinement with her last child, which died soon after its birth, she was led to regard the tumour as a "distended milk-duct." It has gone on increasing, however, though very slowly, and about eight weeks ago the skin covering the tumour commenced to ulcerate. At the time of the operation the histological characters of the tumour were doubtful. It was of the size of a large orange, ulcerated on the surface, somewhat pendulous, and freely movable upon the adjacent tissue. The patient was a robust and healthy-looking woman. Chloroform having been administered, Sir Henry drew the mamma forward from off the pectoral muscle, and then, with a very long, strong, and slightly curved Liston's needle transfixed the submammary tissue. Through the eye, near the point of the needle, a long piece of very elastic India-rubber tubing, about the thickness of stout whipcord, together with a long silk ligature, was passed. The elastic ligature was then divided, and the needle withdrawn. Each half of the elastic ligature was tied very tightly, so as to embrace one-half the mamma, inclusive of the skin. In fastening the elastic ligature a piece of silk ligature was placed at right angles to the elastic between the skin and the knot, and while the single knot was tightly drawn, the silk

was tied around it by an assistant to prevent it slipping. A double knot was then made, and this was secured by again tying the silk around the elastic.

The long silk ligature which had been passed with the elastic tubing through the submammary tissue was then removed. The purpose of passing this was precautionary, in order that another piece of elastic might be drawn along the same track in the event of either half of that which was first passed breaking. Another precaution very necessary to take is to hold the elastic firmly at the time of dividing it and while withdrawing the needle, otherwise the contractility of the tubing will cause its disappearance through the track made by the needle.

The time likely to ensue before the entire separation of the breast is eight or nine days. The pain excited during any portion of this time is remarkably slight. Sometimes a little pain is suffered for a day or two. In the case of the patient now referred to, there was no pain after the first twenty minutes from the time of recovery from the chloroform, and the suffering during this brief period was not at all severe.—*Med. Times and Gaz.*, Nov. 29, '73.

Nephritic Abscess opened from the Back—The patient was a careworn-looking man aged fifty-four, who was admitted into St. Bartholomew's Hospital, under the care of Dr. Southey and Mr. Thomas Smith. For over ten years he had suffered from stricture of the urethra, for which tapping through the rectum had been performed some years ago. The patient for the last four or five years had neglected to pass his catheter, and had during that time suffered from great pain in the left renal region.

On admission into the hospital, on the 9th of August last, he suffered from occasional severe rigours, and had a constant severe pain in the left renal region, running down the left thigh as far as the knee. The pain was increased by extending the thigh, which was kept flexed on the abdomen, or by the act of defecation. The urine was thick, and contained from a quarter to a third of pus. A large fluctuating swelling was detected in the

region of the left kidney. There was apparently no history of renal or vesical calculus. The case was, however, diagnosed by Dr. Southey and Mr. Smith as one of renal abscess, in which there was probably a calculus or clotted pus preventing free escape down the ureter into the bladder.

On Monday last, the 24th instant, Mr. Thomas Smith had the patient put under the influence of chloroform, and then made an incision in the left lumbar region, as for colotomy. After dividing the latissimus dorsi muscle, he passed a director through the matted tissues into the fluctuating swelling, and let out about a pint and a half of thick, dirty, fetid pus. The pus came away per saltum at each inspiratory act, and towards the end it was found to be much clotted. The cavity from which the pus came was so large that the finger could not be made to touch every side, but no calculus could be detected by digital examination.

Up to the present time the case has progressed favourably. At a future time we shall complete the notes.—*Lancet*, Nov. 29, 1873.

— *Transfusion in Cholera*.—Dr. STADTHAGEN, Physician to the Shed Hospital at Moabit, Berlin, communicates (*Berlin. Woch.*, Sept. 22) a case of cholera in which he performed transfusion with success. The patient, a woman 29 years of age, was brought to the hospital on August 26 with her two children, her husband having died shortly before of cholera. Prodromic diarrhoea had set in the day before, and during the night had become excessive and watery, and was soon accompanied by vomiting. On her admission at 10 A. M. she exhibited all the signs of a commencing collapse. Her skin was flaccid and cold to the touch, and the face and extremities were covered with cold sweat. The thermometer stood at 36° Cent. in the axilla, and 38° in the anus. Folds of the skin only slowly recovered themselves. Pulse 90, and small. The abdomen was flattened and fluctuating to pressure, but nowise tender. The abundant stools had the characteristic rice-water appearance, as had the matters

which were vomited. Great thirst. From time to time there were cramps, and the patient complained of a sense of constriction of the chest and of painful pressure at the epigastrium. In spite of all means employed, the collapse continued to increase, and when seen at 8 P. M. the change in her countenance told plainly of the extremity which she had reached. The extremities and lips were cyanotic, and the pulse and second sound of the heart could no longer be perceived; the temperature, too, had sunk to 35.4° in the axilla, and 37° in the anus. No urine had been passed for fifteen hours, and the stools came away unconsciously. In consequence of this condition of the patient, and of the great mortality that had attended the commencement of this epidemic, a very bad prognosis was delivered, and it was determined to have recourse to transfusion. About 180 grammes of defibrinated blood were injected into the median basilic vein by means of Utterhart's syringe. The operation was performed without any obstacle, the patient being scarcely sensible of it. While the blood was being propelled, the pulse, which had almost disappeared, could again be plainly perceived. An equable diffusion of bodily heat was also sensible to the hand, the peripheral parts therefore having had their temperature much raised. One hour afterwards the temperature was 36° in the axilla, and 37° in the anus; the appearance and general feeling of the patient undergoing corresponding improvement. At first several stools and vomiting of colourless matters still continued, but gradually diminished in number, and then assumed a bilious colour. The reaction, though slow and delayed during several days, yet met with no disturbance, the diarrhoea and nausea continuing for some time. The temperature during the three following days varied from 36.2° to 36.8°, and only on the evening of the fourth day reached more than 37°. Some highly albuminous urine was first passed after three days of anuria, and the first solid stool took place on the tenth day. The woman was discharged well on September 7.

In a second case the operation was tried without a good result. The patient, thirty-four years of age, had been passing rice-water stools for fifteen hours, and all the cholera symptoms were developed in a high degree. Neither the pulse nor the second sound of the heart could be perceived. During and immediately after the injection of blood the pulse could again be felt, and there was a temporary amelioration in other symptoms. The patient, however, died twenty hours after the transfusion.—*Med. Times and Gaz.*, Oct. 18, 1873.

Axillary Aneurism, Compression, Cure.—Axillary aneurism, though rare, is always of serious import, as spontaneous cure is almost unknown, and the results of surgical interference have not hitherto been very satisfactory. The operation for the ligature of the third part of the subclavian for aneurism of the axillary artery is frequently attended with great danger, or is followed by such fatality that it would hardly be justifiable if other and safer means could be shown to exist. Syme's treatment is evidently unsuitable for the majority of axillary aneurisms. Compression alone therefore holds out a hope of success. But mechanical compression is generally difficult and painful, and compression of the fingers can only be systematically carried out where there is a large staff of students or assistants. Up to the present time there are not more than five recorded cases of the cure of axillary aneurism by compression; of these only two were cured by digital compression. In the case of a man aged 71, admitted into University College Hospital June 16th, 1873, under the care of Mr. Erichsen, compression was applied altogether for 25 hours, digital compression for 11 hours, and mechanical for 14.—*Lancet*, Nov. 15, 1873.

Treatment of Salivation by Atropia.—The patient, a woman of sixty-eight years, had had two attacks of apoplexy followed by hemiplegia of the left side. On being admitted into Dr. Ebstein's wards (Breslau Hospital) profuse salivation was observed. According to the patient

it had begun a month previously. Atropia was administered internally without any effect. On the dose being increased, the quantity of saliva diminished. Atropia (the sulphate) was then injected hypodermically, and after seven minutes the salivation was stopped. On doubling the dose the secretion was arrested for twelve hours. Dr. Ebstein explains the action of the drug through its influence on the permanent irritation of the secretory fibres of the salivary glands.—*Lancet*, Nov. 1, 1873.

Fecal Accumulation.—Mr. T. Cole relates (*Brit. Med. Journ.*, Nov. 29), the following case of this: Mr. S., et. 60, had been ill for two years, with gradually increasing distension of the abdomen, accompanied by some emaciation, loss of appetite, much flatus, and confined bowels. On examination, I detected an immense tumour filling the whole of the abdomen, except a small portion of the left lumbar region, where there was tympanites. It passed upwards under the ribs, downwards into the pelvis, was perfectly smooth, very hard, and quite immovable; over a small part, to the right of the umbilicus, was indistinct resonance; and somewhat below this, I felt a coil of small intestine between the tumour and abdominal wall, evidently filled with fecal matter. By firmly pressing the finger against the swelling, at different parts, I found that a slight indentation was made, though with difficulty. The superficial abdominal veins were much distended. The rectum was full of large hard lumps. My diagnosis was fecal accumulation to an extent I never saw or heard of before. Large injections of warm water daily for three weeks, aided by small doses of belladonna and nux vomica, brought away a most astonishing quantity of fecal matter, and resulted in the total disappearance of the tumour, and the restoration of the patient to perfect health. I may add, that homeopathy had had a lengthened trial in this case.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Guarana for the Cure of Sick Headache.

By T. P. CALLEUT, of Lockport, La.

MM. Troussseau and Pidoux, in their *Traité de Thérapeutique et de Matière Médicale*, describe the mode of using the guarana powder in sick headache, and since the year 1861 I have used it with complete success in all patients who have applied to me for relief for the above mentioned malady. I did not use the extract recommended by Prof. Troussseau, but gave the powder in doses of ten to fifteen grains, repeated every two hours, and the patients rarely took three doses before they were relieved. A ten-grain dose taken immediately before the attack always prevented it.

Some of my patients, who suffered every month from sick-headache, were entirely rid of their sufferings for several months, and some for one and two years, after using one or two boxes of the powder, each box containing a dozen packages of ten grains each. I recommended my patients to take a dose (of the guarana) as soon as they felt any symptoms of an attack coming on; during the attack a dose every two or three hours until relieved.

Carbolic Acid in the Treatment for Tapeworm.—Dr. J. H. BILL reports (*Medical Record*, Nov. 15, 1873) the case of a man suffering from tapeworm, who had taken in turn without relief the usual anthelmintics. The idea struck Dr. Bill, that if small quantities of "carbolic acid" are so pernicious to leeches, is it not probable that the drug might be used against a tapeworm. Accordingly, having purged the patient, I administered six grains of "carbolic acid" in a half-pint of water, four times a day. After two days of this treatment, as only a few joints of the worm had been voided, I changed the vehicle from a liquid to a pill form. Powdered extract of liquorice was used, and each five-grain pill contained two grains of "carbolic acid;" of these the man took one every hour, and a purge of rhubarb

and jalap every morning. He soon began to pass large fragments of the worm, and on the third day the head and about four feet of the body of a *tænia solium*. He had taken thirty-five pills without inconvenience of any kind. He got well quickly, has remained well since, and I am satisfied is cured. I have since thought that the pills would have been improved by a delicate coating of paraffine; the object being, of course, to cause the pill to pass through the stomach unchanged into the intestine, carrying with it the "carbolic acid" in direct contact with the worm.

Frequently recurring Epistaxis relieved by Ergot, after Local Treatment had failed.

—Dr. ANDREW H. SMITH, of New York reports (*Med. Record*, Oct. 15, 1873) a case of this occurring in a civil engineer aged thirty-seven, who was of a rather delicate organization, and performed an excessive amount of mental labour. No abnormal condition of the nasal mucous membrane, except that the portion covering the septum on the left side was for a part of its extent unduly red.

A variety of astringents were applied locally by means of both the brush and the syringe, and such general treatment was resorted to as the symptoms demanded. This course was followed persistently for two weeks, when the general health had somewhat improved, and the congested appearance of the nasal mucous membrane, as far as open to inspection, had disappeared. Still the hemorrhages recurred as frequently as ever, being often apparently provoked by the very applications intended to prevent them.

I then prescribed the fluid extract of ergot, twenty drops to be taken three times a day. This was continued for ten days, with the effect of entirely restraining the bleeding from the time the first dose was taken. The medicine was then omitted, but in a few days the bleeding began anew. It was immediately arrested by a return to the medicine, and has not since returned, the drug being continued at gradually increasing intervals for nearly a month, when it was entirely discontinued.

Disease of the Knee-joint; Amputation.— At the clinic of the Massachusetts General Hospital, Dr. BIGELOW amputated just above the knee for disease of the joint. Before operating, he directed that the limb be tightly bandaged from the toes to the hip; after the tourniquet was applied, the bandage was removed. By this proceeding, the amputation was what might be termed a dry one; the blood which is commonly lost being saved to the patient. For twenty years, this practice has been followed at this hospital in amputations, excisions, necrosis, and removal of tumours in both the upper and lower extremities, in short, wherever it was desirable to save the blood of a feeble patient, or to facilitate dissection, as in the removal of a needle from the hand. In alluding to this long-established practice, Dr. Bigelow remarked that this expedient is occupying at the present time considerable attention abroad, both of the surgical public and of the medical journals. He believed that Esmarch's modification of this compression, by the substitution of an elastic rubber bandage, would soon fall into disuse; first, because a common bandage is effectual; second, because the majority of amputations are done by practitioners to whom such a bandage is inaccessible; and, third, because the material loses its elasticity in a few months. The same remarks apply to the circular elastic compression of an artery, which has been repeatedly tried in this hospital. If one turn of an elastic bandage exercises a pound pressure, it is plain that twenty turns will compress with a force of twenty pounds. But a common tourniquet will do this, and the modification of Signorini's tourniquet habitually used in this hospital insures, after removal of the compressing bandage, a dry amputation. This case also illustrated another point of current interest. The pulse being very much reduced by protracted disease, and the joint painful upon motion, exceptional care in etherization was needed as well for the patient's safety as his comfort. Instead of being brought to the etherizing room which adjoins the operating theatre, as is usual, the patient was carefully etherized in his bed before

leaving the ward.—*Boston Medical and Surgical Journal*, November 27, 1873.

Notes of Practice at Roosevelt Hospital, New York.—Plaster-of-Paris Splints— Plaster-of-Paris is most commonly employed where a fixed apparatus for retention is required. In the application of these splints, rollers made of the ordinary mosquito netting are employed instead of the muslin bandages; the advantages claimed for the netting being, that more plaster can be carried in its meshes, hence a lighter and more delicately formed splint can be obtained, with equal firmness, than by the old fashioned method. The netting also is sufficiently elastic to permit its perfect adaptation to the inequalities of the limb, without reverses or wrinkles in the bandage. This is a very elegant method of applying the plaster-of-Paris splint.

Synovitis.— The treatment for synovitis consists of rest, ice-bags, perhaps leeches, and anodynes if necessary. In subacute and chronic synovitis, with joint filled or partially filled with fluid, the best results are obtained by the use of sponges and a firm roller-bandage.

In this hospital, where constant pressure and fomentation are desired, the hot sponges are the agents most commonly employed, and they serve a most excellent purpose. This is also the usual method of treating sprains. Apply about the joint, as soon as possible, sponges which have been wet in hot water, and secure them by a snugly applied roller-bandage. After they are firmly secured, they may be wet again. Change every twenty-four hours.—*Medical Record*, Oct. 15, 1873.

Nephrotomy.— Dr. J. H. POOLBY has sent to the *Medical Record* (Oct. 15, 1873) the following memorandum which he found in a rather scarce book called "Mems., Maxims, and Memoirs, by William Wadd, Esq., F.L.S., Surgeon Extraordinary to the King. London, 1827."

"Mr. Paul, a surgeon at Stroud, in Gloucestershire, lately extracted from the kidneys of a woman, by an incision through her back, a rough stone as large as a pigeon's egg, and made an entire

sure; it is the first of the kind ever performed in this kingdom.—*Gent's Magazine*, Aug. 1783."

Death by Chloroform.—In the *Boston Medical and Surgical Journal* for Nov. 20 and 27, there is reported the death of a lady to whom a mixture of chloroform and ether had been administered by inhalation prior to the extraction of a tooth. The jury rendered as their verdict that "her death was caused by the inhalation of chloroform administered in a mixture of chloroform and ether by the said Dr. Eastham. The jury use this opportunity to caution the public against the inhalation of so dangerous an agent as chloroform for the production of insensibility to pain. In the opinion of the jury the inhalation of sulphuric ether is safe, while the inhalation of chloroform, either alone or mixed, is always attended with danger."

Comfort for Philadelphia Tax-payers.—Mr. LEWIS W. LEEDS of New York, to whom was awarded the premium for a "sunned and aired School-house" at the late Vienna Exposition, thus speaks of Philadelphia's new Public School-houses in an article published in the Dec. No. of the *Sanitarian*.

"Still worse than this is the plan of a large number of splendid brown-stone buildings that have been recently erected in Philadelphia.

"Of all the outrages on common sense, to say nothing of sanitary knowledge, that have been committed in school-house buildings for the last twenty years, these excel. Here, added to the great sin of massing all the collecting rooms together, is the still worse blunder of cutting off so large a portion of the light and air by the stairs, committee rooms, and water closets. These are splendid new buildings, for which millions of dollars of the people's money have been spent, and in which their children will undoubtedly be tortured for many long years before they will have the courage to do what they ought to do at once—*tear them down.*"

American Public Health Association.—This useful Association held its second

annual meeting in New York city Nov. 11, 1873. Dr. Stephen Smith, the President, opened the session by a brief address, explanatory of the importance of the work undertaken by the Association and the results which may be anticipated. A number of interesting papers were read, and after the transaction of the usual business the Association adjourned, to meet in Philadelphia on the second Tuesday of November, 1874.

OBITUARY RECORD.—In our preceding No. we announced the death of Dr. WILMER WORTHINGTON, of West Chester. At the stated meeting of the Chester County Medical Society, held in West Chester on Tuesday, October 28, 1873, the following preamble and resolutions, offered by Dr. Jacob Price, were unanimously adopted:—

Whereas, Since our last meeting it has pleased God to remove from a life of usefulness and honour our esteemed colleague, Dr. Wilmer Worthington, and whilst we bow in all humility to the dispensation, we cannot avoid, upon this occasion, giving expression to the sorrow his death has caused in the heart of every member; therefore,

Resolved, That this Society has heard with deep regret of the death of Dr. Wilmer Worthington, one of its founders, and through his long life one of its most faithful and useful members.

Resolved, That in this event our Society has sustained a loss that cannot easily be replaced, and that the remembrance of his earnest and self-sacrificing devotion to the interests of science, of the medical profession, and of humanity, should stimulate us to increased energy in the discharge of the duties that rest upon us as physicians and citizens.

Resolved, That this Society sympathize deeply with the family of the deceased in their great bereavement.

Resolved, That a committee be appointed to prepare a biographical notice of the deceased, to be embodied in the Transactions of the Medical Society of the State of Pennsylvania.

Resolved, That the Secretary be directed to furnish the family of Dr. Worthington with a copy of the foregoing resolutions,

and also copies to each of the county papers, and the medical journals published in Philadelphia, for publication.

FOREIGN INTELLIGENCE.

A new Operation for Cleft Palate.—On the 22d of November, Sir WILLIAM FERGUSON, in operating on two patients for the closure of the opening in the hard palate after the cleft in the soft palate had been closed, adopted a modification of a procedure which is intended to increase the chances of success of the operation. Sir William remarked that in the so-called Langenbeck operation—that is, where muco-periosteal flaps are taken from the roof of the mouth and drawn towards the middle line—the proceeding is often unsuccessful from the fact that, after some time, the granulations which are thrown out on the upper surfaces of the displaced flaps contract and separate the union that may have taken place between the pared edges of the flaps. It is true, he observed, that some assert that bony matter is deposited on the upper surface, and that this diminishes the size of the aperture in the osseous palate. But, in demurring to this, Sir William said he thought it was hardly possible to strip off healthy periosteum from the subjacent bone. He proposed, therefore, as a remedy, that in addition to making the ordinary incisions for the flaps, the hard palate should be split on each side of the opening with some sharp cutting instrument, and that the two pieces of bone should be pressed towards the middle line, and the pared edges of the soft tissues then be brought together. By this means the central opening would be closed, but two lateral apertures would be formed. But inasmuch as the lateral openings would be but half the size of the original central one, and as there would be more likelihood of the fractured edges of bone throwing out osseous material for its repair, it was hoped that the prospect of a successful issue would be greatly enhanced.

It remains to be seen what will be the result of this ingenious device, but on the first blush it appears that by its adoption

a means is offered of surmounting one of the most obstinate difficulties of plastic surgery.—*Lancet*, Nov. 29, 1863.

Vaccination of Erectile Tumours.—M. Blot brought the subject of vaccinating erectile tumours before a recent meeting of the Société de Chirurgie. He observed that since he had undertaken the vaccinations performed at the Académie de Médecine, a week did not pass without the parents or medical attendants of infants bringing them to have vaccination of erectile tumours performed. To pretend to cure an erectile tumour in this way is to commit an error. Blood flows away, and the vaccine does not take, or, if it does take, a small cicatrix and nothing else is the result. Erectile spots (*taches*) may be thus cured, but for erectile tumours vaccination is insufficient, and may give rise to serious hemorrhage. M. Tillaux stated that he had cured a true erectile tumour the size of a nut by vaccination, traversing the tumour in the direction of its long axis by a fine needle, followed by a thread imbued with the virus. Another thread was then passed in a direction perpendicular to this. M. Séé had cured an erectile *tache* by surrounding it with a circle of vaccinal punctures made in the sound skin. M. Marjolin was of opinion that vaccination should always be first attempted, whatever may be the seat, extent, or depth of the erectile tumour. In a tumour of two centimetres in diameter he makes from thirty to forty vaccine punctures with an excessively fine needle, sliding the skin over the tumour before puncturing. M. Després related the case of his own child, who was born with an erectile tumour at the end of the little finger. At the end of six months, as it was increasing rapidly, a simple vaccinal puncture was made at its most projecting part, and this sufficed to effect a cure. M. Chassaignac agreed with M. Blot, for to vaccinate in these cases is only to lose time and expose the patient to the danger of erysipelas. When a cure is accomplished, this is not brought about by the vaccine virus, but by the consecutive inflammation. M. Blot, however, did not wish to speak so

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absolutely as this, for superficial slight *taches* may be cured by vaccination. But it is not suited for voluminous, deep-seated tumours. If out of fifteen punctures only three or four take, some other means must be resorted to; and M. Blot much dreads erysipelas in new-born infants. M. Marjolin, when he stated that he applied vaccination in all cases, did not mean that it always succeeded. But the inflammation which accompanied the vaccinal evolution ought to be utilized; and when but partial success was obtained, there would be a better chance for any other procedure, or a spontaneous cure may result. M. Guéniot has frequently met with a slight vascularization of the dermis of the eyelids or lips in new-born children. A large proportion of these *taches*, however, disappear spontaneously within the first six months. M. Tarnier has also observed this vascular development disappearing spontaneously, and which is not of the nature of an erectile tumour. Many of these infants present no *tache* during the first few days after birth; then a red elevation appears, which increases, especially in breadth, the vessels being very minute. In the process of spontaneous cure a whitish tissue appears on the centre of the *tache* and gradually replaces the red tissue. These cases should be watched for some months, and if the *tache* increases, in place of disappearing, vaccination should be tried.—*Med. Times and Gaz.*, Oct. 18, 1878.

Intussusception.—At a recent meeting of the Royal Med. and Chir. Soc., an exceedingly interesting paper was read by Mr. Jonathan Hutchinson, "On Abdominal Section and other modes of treating Intussusception." The paper was based upon a case of intussusception occurring in a young child on whom the author had successfully performed abdominal section, after other modes of treatment had been tried without good result. This was the first successful case reported in this country. The operation had been performed nine times; in four cases with a good result, and in five unsuccessfully. The author advocated its performance in those cases where the

bowel had been down for a long time, and when all other means, as insufflation, injections, etc., had proved useless.—*Lancet*, Nov. 15, 1878.

Epidemic Thyroiditis.—A French local paper reports that M. GIBIER, Army Medical Inspector, has been sent by the French Minister of War to St. Etienne, to study an epidemic which has prevailed in the garrison, and to apply prompt and energetic remedies. During nearly three months, the soldiers of the 78th regiment of infantry have been attacked with an inflammation of the thyroid gland. The disease, instead of diminishing in intensity, appears to have assumed within the last few weeks a degree of development which, if not dangerous, is such as to cause anxiety. At the time of the report, there were nearly two hundred soldiers under treatment in hospital. All plans of treatment adopted by the regimental surgeons have been ineffectual. Not one of the men attacked has perfectly recovered; those who were discharged convalescent have returned. Iodide of potassium has produced no appreciable effect. The non-commissioned officers at first escaped, but lately have been attacked. The soldiers of the 96th regiment remained free for a long time; but cases have occurred among them, as well as among the cavalry. While the number of patients has daily increased among the soldiers, not a single similar case has occurred among the civil population in the neighbourhood of the barracks. The cause of this obstinate epidemic is believed to be purely local. The garrisons of Montbrison, Lyons, and other large towns in the neighbourhood, are completely free.—*Brit. Med. Journ.*, Oct. 11, 1878.

Inhalations of Muriate of Ammonia in Chronic Affections of the Chest.—In a recent communication to the *Société Médicale des Hôpitaux*, Dr. LIBERMAN described the results which he had obtained through the employment of an inhalating apparatus containing muricate of ammonia, in chronic diseases of the respiratory organs. A description of the apparatus was given, by which it appeared that it was handy,

applicable to children, and available for inhalations of a great number of volatile substances. The good results afforded by the drug were attributed to its exciting, irritating action, which produces a revulsive effect. The cases which were especially benefited by muriate of ammonia thus employed included clergyman's sore-throat, in its chronic inflammatory form, and which was rapidly amended, and sometimes speedily healed; chronic bronchitis, which, through its catarrhal element, was invariably amenable to the action of the remedy; and nervous affections of the air-passages, especially convulsive cough and the various forms of idiopathic asthma.—*Lancet*, Nov. 29, 1873.

Hypodermic Injections of Biniodide of Mercury in Constitutional Syphilis.—Dr. RAGAZZONI (*Giornale Ital. del Malattie Venere del Pelle*) has happily modified the formula advocated by Gamberini by adding to the solution of biniodide of mercury a little iodide of potassium, which insured the complete dissolution of the salt. His formula is: biniodide of mercury, half a grain; iodide of potassium, sufficient quantity; distilled water, half a drachm. This liquid injected at once never produces an eschar, if it is introduced properly into the conjunctival subcutaneous tissue, and not the derm.—*Lancet*, Nov. 1, 1873.

Treatment of Aged Persons.—MR. HABERSON, in a clinical lecture (*Guy's Hospital Gazette*, Nov. 8) on the case of an old man who died suddenly after exposure to cold, remarked: "The old man died simply from the shock produced by coming out into the cold and fog, which, though only an inconvenience to us, was sufficient to lead to a fatal result in one whose circulation had become enfeebled, and whose vital force had so nearly lost its power. I am reminded (Dr. Habershon says) by this case of an instance of longevity communicated to me by a gentleman the other day: his mother had died at the age of one hundred and two, who, during the winter months, 'had refused to get up, saying that she was only warm in bed.' I have no doubt that it was owing to this

uniform warm temperature that she lived so long; and I mention the instance as a recommendation to you, when you have to prescribe for old people, to advise that they be kept warm. You should also look carefully after their nourishment. Old people cannot eat large meals; therefore they must take them more frequently. Many old people will wake up about three or four o'clock in the morning. It is a good plan that they should have some nourishment then; otherwise, the interval between their night and morning meals is too long for their declining strength. It is by care in such minutiae, that we may prolong the life of the aged."—*Lond. Med. Record*, Nov. 28, 1873.

Removal of Pigmentary Stains after Venereal Eruptions.—M. LANGLEBERT wishes to make known (*Gaz. des Hôp.*, Aug. 2) a simple means of effecting the removal of the pigmentary spots which syphilitic eruptions, and especially ecthyma, leave behind. Of a deep yellow, sometimes almost black, they are very lasting, those of the legs sometimes persisting for years, to the great annoyance of the patients. The various applications hitherto employed being of little avail, M. Langlebert, having remarked that blisters which had been kept open only for a few days leave, especially in individuals of a dark complexion, white traces that are well-nigh indelible, applied in an old case of syphilitic ecthyma small blisters over the syphilitic patches, and maintained suppuration for a week by means of blistering ointment. The success was complete and has induced him to recommend the adoption of the practice.—*Med. Times and Gaz.*, Sept. 6, 1873.

Powdered Coal Tar for Wounds.—M. MAGNIS-LAHENS, of Toulouse, adds charcoal to the coal tar (33 per cent. of the latter), and thus obtains a light and porous powder, which does not irritate wounds, and which is easily washed off with cold water. This combination is a very useful mixture of two antiseptic substances. The charcoal absorbs the gases formed by fermentation, coagulates the

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albumen, and prevents its decomposition; thus effectually assisting the carbolic acid contained in the coal tar. Some wounds do not bear powdered applications; for these, 100 parts of the powdered coal tar should be allowed to macerate for some hours with 400 parts of spirits, and filtrated. The spirit should be of only 180 Cartier, as a stronger would dissolve the resins. As coal tar principally acts through the carbolic acid it contains, the above-mentioned maceration may be replaced by the following solution: crystallized carbolic acid, 1 part; spirit (at 180 Cartier), 99 parts. This solution is cheap and very effectual.—*Lancet*, Dec. 6, 1873.

Death from Chloroform.—A case of this occurred at Hamilton, in the practice of Dr. Dickinson, to a man to whom the anesthetic had been administered, in order to facilitate the reduction of an old-standing dislocation of the shoulder-joint. The deceased had been a hard drinker. Dr. Dickinson used the venous injection of ammonia without any results. It is reported in the *Australian Medical Journal*, August, 1873.—*Brit. Med. Journ.*, Nov. 15, 1873.

Treatment of Burns and Scalds.—Dr. de BREYNE highly recommends the following treatment in *L'Union Pharmaceutique*; Hydrate of lime (newly precipitated), forty-five grains; glycerine, five ounces; chloric ether, forty-five drops. It makes up a transparent, colourless liquid, with an agreeable odour, and an alkaline reaction, according to the dose of hydrate of lime. It calms the pain, and prevents or abates inflammation.—*Lancet*, Oct. 18, 1873.

Lime-water in Stings of Bees and Wasps.—M. DAUVERNE states (*L'Union Méd.*, Oct. 25) as the result of numerous trials that the pain and suffering caused by these may be immediately assuaged by the application of lime-water—a remedy which may always be prepared at once by the aid of a little quicklime and a glass of water.—*Med. Times and Gaz.*, Nov. 1, 1873.

Excessive Smoking.—An inquest was held on Tuesday last on the body of a Government clerk who, according to the medical evidence, must have died from syncope induced by excessive smoking while the stomach was empty. We have never underrated the danger to which immoderate smokers are liable. When taken in excess the ordinary and pleasant effects of the herb, due probably to the carbonic acid and ammonia inhaled, are succeeded by the severer action induced by the presence of a large quantity of nicotine and empyreumatic oil in the blood, thinning this important fluid, and causing a weak action of the heart. Fortunately, these poisons find a ready exit from the system. But it is when imbibed during a period of fasting that their directly injurious effects on the cardiac organ are to be apprehended. A post-mortem examination of a person who died from excessive smoking would not probably reveal much beyond an extremely flaccid heart and slightly congested brain.—*Lancet*, Oct. 11, 1873.

Fracture of the Atlas and Odontoid Process of the Axis without Immediate Death.—Mr. McCARTHY, at a recent meeting of the Pathological Society of London, exhibited a recent fracture of the odontoid and atlas. The specimen was taken from a man who had fallen down the hold of a ship, on his head. He had paralysis, priapism, loss of sensation below the third rib, but no displacement of the

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